

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90005 007 \*\*\*\*61.25

**DOCUMENT # 714838**

1. Corporation Name

**PRESBYTERIAN CHURCH OF THE COVENANT, INC., P.C.(  
U.S.A.)**

Principal Place of Business

**7950 SOUTH TAMiami TRAIL  
SARASOTA FL 34231-6846**

Mailing Address

**7950 SOUTH TAMiami TRAIL  
SARASOTA FL 34231-6846**

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2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**06/26/1968**

4. FEI Number

**59-1960058**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**TIMMY, DOUGLAS A  
7950 S. TAMiami TR.  
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE **T** ☐ DELETE

NAME **CRAIN, RONNALYN**  
STREET ADDRESS **2507 CARLISE PL**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **T** ☐ DELETE

NAME **TIMM, DOUGLAS**  
STREET ADDRESS **5471 CREEPING HAMMOCK DR**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **T** ☐ DELETE

NAME **GABRIEL, MARILYN**  
STREET ADDRESS **6646 AVE B**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **Trustee** ☐ DELETE **ADDITION**

NAME **Box, Franklin**  
STREET ADDRESS **2502 Java Plum Ave**  
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **Trustee** ☐ DELETE **ADDITION**

NAME **Deming, Mel**  
STREET ADDRESS **18 Southwind Dr.**  
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **Trustee** ☐ DELETE **ADDITION**

NAME **Maesaka, Cliff**  
STREET ADDRESS **285 Venice Golf Club Dr.**  
CITY-ST-ZIP **Venice, FL 34292**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Trustee** ☐ Change ☒ Addition

1.2 NAME **Hillyer, Charles**  
1.3 STREET ADDRESS **7974 S. Tamiami Trail**  
1.4 CITY-ST-ZIP **Sarasota, FL 34231**

2.1 TITLE **Trustee** ☐ Change ☒ Addition

2.2 NAME **King, Sally**  
2.3 STREET ADDRESS **2013 Linwood way**  
2.4 CITY-ST-ZIP **Sarasota, FL 34232**

3.1 TITLE **Trustee** ☐ Change ☒ Addition

3.2 NAME **Kraut, Judy**  
3.3 STREET ADDRESS **PO Box 1864**  
3.4 CITY-ST-ZIP **Venice, FL 34284**

4.1 TITLE **Trustee** ☐ Change ☒ Addition

4.2 NAME **Morse, Bill**  
4.3 STREET ADDRESS **1510 Pelican Point Drive**  
4.4 CITY-ST-ZIP **Sarasota, FL 34231**

5.1 TITLE **Trustee** ☐ Change ☒ Addition

5.2 NAME **Stachon, Penny**  
5.3 STREET ADDRESS **2450 Clark Rd**  
5.4 CITY-ST-ZIP **Sarasota, FL 34231**

6.1 TITLE **Trustee** ☐ Change ☒ Addition

6.2 NAME **Richmond, Meg**  
6.3 STREET ADDRESS **341 Boyshue Dr**  
6.4 CITY-ST-ZIP **Osprey, FL 34229**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/14/99**

**941-484-0789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0065110

01/15/99

CR2E037 (11/98)